



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:
 Date: November 30, 2005 Name: Heidi A. Dare, Reg. No. 50,775 Signature: Heidi A. Dare

**BRINKS
HOFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Lasse W. Mogensen et al.

Appln. No.: 10/517,153

Filed: December 6, 2004

For: A Device for Subcutaneous Administration
of a Medicament to a Patient

Attorney Docket No: 12706-9

Examiner: To Be Assigned

Art Unit: To Be Assigned

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Power of Attorney; copy of Assignment
 Return Receipt Postcard

Fee calculation:

No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(______).
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$	Total	\$0	

Fee payment:

A check in the amount of \$ _____ is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$ _____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

Heidi A. Dare
 Heidi A. Dare (Reg. No. 50,775)

November 30, 2005

Date



Attorney Docket No. 12706-9
Client Reference: P200201191 US TSU/MLR

Inventors: Lasse Wesseltoft Mogensen and Magnus Walter Gøransson

Title of Appn.: A DEVICE FOR SUBCUTANEOUS
ADMINISTRATION OF A MEDICAMENT TO
A PATIENT AND TUBING FOR SAME

POWER OF ATTORNEY BY ASSIGNEE AND CORRESPONDENCE ADDRESS INDICATION

The specification of the above-identified patent application:

is attached hereto.
 was filed on December 6, 2004 as U.S. application No. 10/517,153

Unomedical A/S, a corporation organized under the laws of DENMARK, ("ASSIGNEE") certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

An assignment from the inventor(s) of the patent application identified above, a copy of which was recorded in the Patent and Trademark Office at Reel _____, frame _____, or a copy thereof is attached; OR

A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From _____ to _____.
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or a copy thereof is attached.
2. From _____ to _____.
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or a copy of which is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

ASSIGNEE hereby revokes all previously granted powers of attorney in the above identified patent application and appoints the Practitioners associated with the following Customer Number as its attorneys, with full power of substitution and revocation, to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent(s), to transact all business in the United States Patent and Trademark Office connected therewith, and to act on ASSIGNEE'S behalf before the competent International Authorities in connection with any and all international applications filed by ASSIGNEE:

Customer No. 00757 - Brinks Hofer Gilson Lione

Please recognize or change the correspondence address for this application to the address associated with the above-mentioned Customer Number. Please direct all telephonic and facsimile communications to:

Heidi A. Dare
Tel.: (312) 321-4200; Fax: (312) 321-4299

The undersigned hereby authorizes the Practitioners associated with the above Customer Number to accept and follow instructions from Practitioners at Zacco Denmark as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the Practitioners and the undersigned. In the event of a change in the persons from whom instructions may be taken, the Practitioners will be so notified by the undersigned.

The undersigned (whose title is supplied below) is empowered to act on behalf of ASSIGNEE.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

11 OKT. 2005

Signature

Name:

Title:



Unomedical a/s

Tenna M. Pedersen

Group IPM Manager

Engmosen 1

3540 Lyngé · Denmark